

**CERTIFICATE OF  
DISCONTINUANCE OR REDUCTION OF COMPENSATION  
STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
STATION 27, AUGUSTA, MAINE 04333-0027**

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER	7. WCB FILE NUMBER:	
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:		
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:	

**NOTICE TO EMPLOYEE**

YOUR WEEKLY COMPENSATION BENEFITS WILL BE DISCONTINUED OR REDUCED 21 DAYS FROM THE DATE THIS CERTIFICATE WAS MAILED BASED ON THE ATTACHED INFORMATION. IF YOU DISAGREE WITH THIS ACTION, YOU ARE ENTITLED TO FILE A PETITION FOR REVIEW AND TO REQUEST THE PROVISIONAL REINSTATEMENT OF YOUR BENEFITS. YOUR PETITION AND REQUEST SHOULD BE MAILED TO THE ABOVE WORKERS' COMPENSATION BOARD ADDRESS.

18 REASON FOR DISCONTINUANCE:

**DISCONTINUANCE**

19. PERIOD OF INCAPACITY: FROM (DATE): TO (EFFECTIVE DATE OF DISCONTINUANCE):	20. WEEKLY COMPENSATION RATE:	21. COMPENSATION PAYMENT TO DATE OF CERTIFICATE:	22. COMPENSATION TO BE PAID FOR 21 DAY PERIOD:
	Z	Z	Z

**REDUCTION**

23. OLD COMPENSATION RATE:	24. NEW COMPENSATION RATE:	25. EFFECTIVE DATE OF REDUCTION:
Z	Z	

26. COMMENTS:

**ASSISTANCE IS AVAILABLE AT THE BOARD'S REGIONAL OFFICES:**

**AUGUSTA**  
24 STONE ST  
AUGUSTA, ME 04330-5220  
287-2168  
1-800-400-6854

**BANGOR**  
106 HOGAN RD.  
BANGOR, ME 04401-5640  
941-4550  
1-800-400-6856

**CARIBOU**  
ONE VAUGHN PLACE  
43 HATCH DR, STE 305  
CARIBOU, ME 04736  
498-6428  
1-800-400-6855

**LEWISTON**  
36 MOLLISON WAY  
LEWISTON, ME 04240-5811  
753-7700  
1-800-400-6857

**PORTLAND**  
62 ELM ST  
PORTLAND, ME 04101-6858  
822-0840  
1-800-400-6858

27. PREPARER NAME AND TITLE (TYPE OR PRINT):	28. TELEPHONE NUMBER:	29. DATE MAILED:

THIS DOCUMENT MAY BE PRODUCED IN ALTERNATIVE FORMATS SUCH AS BRAILLE, LARGE PRINT AND AUDIOTAPE.

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